

August 5, 1997

Deland Barr
TWO RIVERS MEDICAL CLINIC C109270
683 E Third
Weiser ID 83672

RE: TWO RIVERS MEDICAL CLINIC C109270

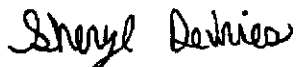
Greetings:

Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The annual report must be signed by an officer of the corporation or the chairman of the board of directors.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No.

C109270

Annual Report Form

Due No Later Than November 30,

1997

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

TWO RIVERS MEDICAL CLINIC, P
DELAND R BARR
683 EAST THIRD

DELAND R BARR
683 EAST THIRD

WEISER ID 83672

3. Organized Under the Laws of:

* FIRST NOTICE *

WEISER ID 83672

ID C109270

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	DELAND R BARR	P.O. BOX 871	WEISER	ID	83672
TREASURER	"	"	"	"	"
SECRETARY	ANTHONY EDMONDSON	"	"	"	"

5.

6.

Signature _____ Date _____

Name (Typed or Printed) _____ Title _____

ISSUED: 07-04-1997 (DO NOT TAPE OR STAPLE)

17008